

1 A. I guess I don't understand that question.

2 Q. Well, 2.0 would mean that there's a --
3 well, 1.0 is a statistical -- well, strike that.

4 Let me ask this. You would agree that
5 there are studies where the relative risk of Benzene
6 and CML being associated are greater than 2.0?

7 MS. FORGEY: Objection. Form.

8 A. So I just gave you the two studies,
9 correct?

10 Q. Okay. And you, in fact, yourself believe
11 that CML can be caused by Benzene exposure, correct?

12 MR. COLÓN: Objection as to form.

13 A. Say that again.

14 Q. You yourself believe that Benzene can
15 cause CML, do you not?

16 A. No. I don't believe that.

17 Q. You've never believed that, right?

18 A. No.

19 Q. Okay. Well, you know, I didn't ask that
20 very well. That was like a double negative.

21 A. Yeah.

22 Q. Have you ever believed that Benzene causes
23 CML?

24 A. Not that I can recall.

25 Q. Doctor, in order to determine what causes

1 or what -- well, strike that. Let me think this
2 through.

3 You obviously are aware of the Bradford
4 Hill criteria for determining causation, correct?

5 A. Correct.

6 Q. Before you would make a statement
7 regarding a particular drug or chemical or solvent
8 being the cause of a particular leukemia, you
9 yourself would go through that exercise of the
10 Bradford Hill, correct?

11 A. So, Mr. Robb, maybe you haven't read my
12 report, but there's a pretty extensive analysis of
13 this in there. So the answer is I did it for this
14 case, and I would do that for any other questions
15 around general causation.

16 Q. That's why I'm asking it. So if anybody
17 ever asked you in the past about whether or not you
18 felt that CML was caused by Benzene exposure, you
19 would have thought that through under the Bradford
20 Hill criteria and make that determination; is that
21 fair?

22 MS. FORGEY: Objection. Form.

23 A. I -- yeah. Sure. That would be fair.
24 Assuming that it was in the right context and I had a
25 chance to think about the Bradford Hill criteria,

1 et cetera.

2 Q. Well, I mean, have you told people in the
3 past that you believe CML was caused by Benzene
4 exposure?

5 A. Not that I can recall.

6 Q. When you give depositions like you do
7 today, you take an oath to tell the truth, correct?

8 A. Correct.

9 Q. And can we rely upon what you testify to
10 in depositions as being the truth and what you truly
11 believe?

12 A. At the time in the context, sure.

13 Q. Okay. Well, you would agree that -- this
14 isn't -- obviously, you've been deposed a number of
15 times on the issues of Benzene and exposures and
16 certain leukemias and cancers; is that also fair?

17 A. Yes.

18 Q. How many times have you testified on
19 behalf of Safety-Kleen, either in deposition or
20 trials or at hearings?

21 A. I don't know the exact number. I would
22 say less than 10, maybe five.

23 Q. Okay. And how much have you been paid so
24 far to serve as Safety-Kleen's expert in this
25 particular case?

1 A. That's what it says.

2 Q. All right. Do you believe that any
3 exposure to Benzene increases the risk of getting
4 CML, or there's just no risk at all between Benzene
5 and CML?

6 A. Well, I think the studies pretty clearly
7 show that at high risk -- I'm sorry -- at high levels
8 of exposure does not increase the risk of CML. So if
9 high risk -- sorry -- let me say that again.

10 So if high levels can't establish an
11 increased risk through multiple studies, then it's
12 reasonable to assume that lower exposures would not
13 increase the risk of CML.

14 Q. So your opinion today is that there's
15 absolutely no exposure level to Benzene that would
16 cause you to develop CML; is that fair?

17 A. Well, what I'm saying is that there's no
18 studies to support that statement. There's
19 insufficient study to support that statement. As we
20 talked about, there's one or two studies that
21 provides statistically significant association at
22 higher levels of exposure, although the vast majority
23 of the studies, almost all of them, don't provide
24 statistical associations.

25 Q. Okay. Now, then, let's go to No. 11, and

1 A. Yes.

2 Q. Okay. Going back to Dr. Goldsmith, he's
3 an epidemiologist, right?

4 A. Right.

5 Q. He's an occupational and environmental
6 epidemiologist. You're neither of those two things,
7 correct?

8 MR. COLÓN: Objection.

9 A. I certainly do a lot of environmental
10 epidemiology. I've published on occupational
11 epidemiology, so I guess I would say that's not
12 correct.

13 Q. All right. So let me go through all of
14 your things you're an expert in then.

15 You are an occupational epidemiologist, in
16 your opinion, correct?

17 A. I'm an epidemiologist that has done
18 research in both occupational and environmental
19 studies, correct.

20 Q. All right. You're an expert in oncology?

21 A. Yeah.

22 Q. You're an expert in hematology?

23 A. Yes.

24 Q. You're not board certified in hematology
25 though, are you?